

TABLE 1: INSTITUTIONAL RETRAUMATIZATION

	<i>Early Childhood Trauma Experience</i>	<i>Common Mental Health Institutional Practices</i>
<i>Unseen and unheard</i>	<p>Anna's child psychiatrist did not inquire or see signs of sexual trauma. Anna misdiagnosed.</p> <p>Anna's attempt to tell parents and other adults met with denial and silencing.</p> <p>Only two grade school psychologists saw trauma. Their insight ignored by parents.</p> <p>Secrecy: Those who knew of abuse did not tell. Priority was to protect self, family relationships, reputations.</p> <p>Perpetrator retaliation if abuse revealed.</p> <p>Abuse occurred at a preverbal age. No one saw the sexual trauma expressed in her childhood artwork.</p>	<p>Adult psychiatry does not inquire into, see signs of sexual trauma. Anna misdiagnosed.</p> <p>Reports of past and present abuse ignored, disbelieved discredited. Interpreted as delusional. Silenced.</p> <p>Only two psychologists saw trauma as etiology. Their insight ignored by psychiatric system.</p> <p>Institutional secretiveness replicates that of family. Priority is to protect institution, jobs, reputations. Patient abuse not reported up line. Public scrutiny not allowed.</p> <p>Patient or staff reporting of abuse is retaliated against.</p> <p>No one saw the sexual trauma expressed in her adult artwork with the exception of one art therapist.</p>
<i>Trapped</i>	<p>Unable to escape perpetrators' abuse.</p> <p>Dependent as child on family, caregivers.</p>	<p>Unable to escape institutional abuse. Locked up.</p> <p>Kept dependent. Denied education or skill development</p>
<i>Sexually violated</i>	<p>Abuser stripped Anna, pulled T-shirt over her head to hide her face.</p> <p>Stripped by abuser to "with nothing on below."</p> <p>"Tied up," held down, arms and hands bound.</p> <p>Abuser "blindfolded me with my little T-shirt."</p> <p>Abuser "opened my legs."</p> <p>Abuser was "examining and putting things in me."</p> <p>Boundaries violated. Exposed. No privacy.</p>	<p>Stripped of clothing when secluded or restrained, often by or in presence of male attendants.</p> <p>To inject with medication, patient's pants pulled down, exposing buttocks and thighs, often by male attendants.</p> <p>"Take down," "restraint." Arms and legs shackled to bed.</p> <p>Cloth would be thrown over Anna's face if she spit or screamed while strapped down in restraints.</p> <p>Forced four-point restraints in spread-eagle position.</p> <p>Medication injected into body against patient's will.</p> <p>No privacy from patients or staff. No boundaries.</p>
<i>Isolated</i>	<p>Taken by abuser to places hidden from others.</p> <p>Isolated in her experience: "Why just me?"</p> <p>"I thought I was the only one in the world"</p>	<p>Forced, often by male attendants, into seclusion room.</p> <p>Separated from community in locked facilities.</p> <p>No recognition of patients' sexual abuse experiences.</p>

<i>Blamed and Shamed</i>	"I had this feeling that I was bad..... a bad seed".	Patients stigmatized as deficient, mentally ill, worthless. Abusive institutional practices and ugly environments convey low regard for patients, tear down self-worth.
	She became the "difficult to handle" child.	She became a "noncompliant," "treatment-resistant," difficult-to-handle patient.
	She was blamed, spanked, confined to her room for her anger, screams, and cries.	Her rage, terror, screams, and cries were often punished by medications, restraint, loss of "privileges," and seclusion.
<i>Powerless</i>	Perpetrator had absolute power/control over Anna.	Institutional staff have absolute power/control over patients.
	Pleas to stop violation were ignored: "It hurt me. I would cry and he wouldn't stop."	Pleas and cries to stop abusive treatment, restraint, seclusion, overmedication, and so forth, commonly ignored.
	Expressions of intense feelings, especially anger directed at parents, were often suppressed.	Intense feelings, especially anger at those with more power (all staff), suppressed by medication, isolation, restraint.
<i>Unprotected</i>	Anna was defenseless against perpetrator abuse. Her attempts to tell went unheard. There was no safe place for her, even in her own home or room.	Mental patients defenseless against staff abuse. Reports disbelieved. No safeguards effectively protect patients. Personnel policies prevent dismissal of abusive staff. No safe place in institution.
<i>Threatened</i>	As a child, constant threat of being sexually abused.	As mental patient, constant threat of being stripped, thrown into seclusion, restrained, overmedicated.
<i>Discredited</i>	As a child, Anna's reports of sexual assault were unheard, minimized, or silenced.	As a mental patient, Anna's reports of adult sexual assault were not believed. Reports of child sexual abuse were ignored.
<i>Crazy –making</i>	Appropriate anger at sexual abuse seen as something wrong with Anna. Abuse continued, unseen.	Appropriate anger at abusive institutional practices judged pathological. Met with continuation of abusive practices.
	Anna's fear from threat of being abused was not understood. Abuse continued, unseen.	Fear of abusive and threatening institutional behavior is labeled "paranoia" by institution producing it.
	Sexual abuse unseen or silenced. Message: "You did not experience what you experienced".	Psychiatric denial of sexual abuse. Message to patient: "You did not experience what you experienced."
<i>Betrayed</i>	Anna violated by trusted caretakers and relatives.	Patients retraumatized by helping professionals and psychiatrists.
	Disciplinary interventions were "for her own good".	Interventions presented as "for the good of the patient."
	Family relationships fragmented by separation and divorce. Anna had no one to trust And depend on.	Relationships of trust arbitrarily disrupted based on needs of system. No continuity of care or caregiver.

